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Effective on 12/08/2004.  
Fees pursuant to the Consolidated/Appropriations Act, 2005 (H.R. 4818).

# FEET TRANSMITTAL FOR FY 2005

Express Mail Label No.

<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	Art Unit	2633
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$180.00)</b>	Attorney Docket No.

**Complete if Known**

Application Number	09/864,093
Filing Date	May 21, 2001
First Named Inventor	Clark
Examiner Name	Hanh Phan
Art Unit	2633
Attorney Docket No.	70651/7293

**METHOD OF PAYMENT (Check all that apply)**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>06-1135</u> Deposit Account Name: <u>Fitch, Even, Tabin &amp; Flannery</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge Fee(s) indicated below	<input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING FEE, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-20 or HP =	X <u>\$50</u>	= <u>\$0.00</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20			<u>\$360</u>	<u>\$0.00</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	X <u>\$200</u>	= <u>\$0.00</u>	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

For each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100=	/50=	(round up to a whole number) X	<u>\$250</u>	= <u>\$0.00</u>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	<u>\$0.00</u>
Other: Submission of an Information Disclosure Statement (Fee Code: 1806; 37 CFR 1.17(p))	<u>\$180.00</u>

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	51,640	Telephone	(858)552-1311
Name (Print/Type)	Kurt M. Eaton			Date	July 19, 2005

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number	09/864,093
Filing Date	May 21, 2001
First Named Inventor	Clark
Art Unit	2633
Examiner Name	Hanh Phan
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Attorney Docket Number	70651/7293

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (2 pgs.) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Form PTO-1449 (6 pgs.); 2) (9) Foreign Patent Documents; 3) (28) Non-patent Literature Documents; 4) Return Receipt Postcard.
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		Remarks
<input type="checkbox"/> Extension of Time Request		Customer No. 22242
<input type="checkbox"/> Express Abandonment Request		
<input checked="" type="checkbox"/> Information Disclosure Statement (2 pgs.)		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fitch, Even, Tabin & Flannery		
Signature			
Printed name	Kurt M. Eaton		
Date	July 19, 2005	Reg. No.	51,640

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kurt M. Eaton	Date	July 19, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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\* Did not receive: 449 form. Chau